IPO's comments on 2016 Interoperability Standards Advisory

Sec/ Pg #	Standard Reference Number	Level	Recommended Change	Rationale
	I-F Functional Status/Disability	Substantive	ONC does not identify a best available standard	This domain does not appear on the “Domain Pathways” list of the VA and the status of this domain on the DoD side is unknown. The I2TP requirement of mapping to Snomed CT seems reasonable, because Snomed CT has generally good coverage of this domain
16	I-O, I-P Procedures	Substantive	1) dental, medical and “radiology intervention” groupings to be changed, 2) "medical" procedures should be defined and 3) reduce number of standards for procedures	The ONC’s grouping of Procedures into dental, medical and “radiology intervention” procedures may cause some confusion among implementers. In particular, there is no definition of “medical procedure” and what this group includes. Also, proposing 3 different standards seems problematic.
4	None	Admin	change the style for the link to the 2016 Advisory to be the same style as used for the	style should be consistent throughout the document, and the style used for the 2015 Advisory is the recommended style.
4	None	Admin	add the word "the" in between the words "to" and "way"	the word "the" is needed to form a complete sentence.
4	None	Admin	add the word "subsection" to 3a and 3b and/or replace the period with a colon at the end of 3.	to clarity to what the words "first" and "second" are referring to, add the word "subsection." Also, the period at the end of 3 should be replaced with a colon.
5	None	Substantive	"Emerging alternative" should be defined.	the term "emerging alternative" should be defined to prevent multiple interpretations and/or misinterpretation. Is it any alternative that reaches a certain threshold of use? The IPO defines "emerging alternative: as "a new Standards Development Organization (SDO) standard or pilot Department project...An emerging standard has garnered enough interest that it may become a future approved standard and is provided for informational purposes (e.g., Fast Healthcare Interoperability Resources (FHIR))." (Healthcare Information Interoperability Technical Package v5.0 DRAFT October 31, 2015)
5	None	Substantive	Clarify the relationship between the last paragraph on page 5 and the table template on page 6 by either naming the six characteristics within the paragraph text or making the six characteristics within the table more apparent. For example: "The 2016 Advisory uses six informative characteristics (Standards Process Maturity, Implementation Maturity, Adoption Level, Regulated, Cost, Test Tool Availability) to provide added context. These characteristics can be found in the template below. When known, this table also lists..."	It is not clear from the context which headers in the table are actually the "6 characteristics" referred to in the previous introductory paragraph. It only becomes clear that Standards Process Maturity, Implementation Maturity, Adoption Level, Regulated, Cost, Test Tool Availability are the characteristics by reading the subsections that follow. In addition the relationship between the last paragraph on page 5 and the table on page 6 is not clear.

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6	None	Substantive	Provide criteria for which how "Adoption Level" Rating was assessed - i.e. details of survey or assessment methods used by ONC to arrive at this ratings	Transparency for how Adoption Level ratings are assigned
6	None	Substantive	Provide details for each standard as to the amount of implementation maturity, i.e. how many production sites, how many pilot sites	Transparency for amount of implementation maturity - a standard with only one pilot site should be viewed differently than one with 50 pilot sites, or one with 1 production site versus one with 100
7	None	Substantive	Provide details of costs for test tools when Test Tool Availability rating of "Yes$" is assigned	Transparency of actual costs of purchasing test tools is invaluable info when making decisions
7	None	Admin	Comment only	Should revise statement, because it could lead the reader to incorrectly interrupt interoperability statements. I believe this statement could make the reader think that ONC have manipulated the information in the Standard Advisory to reflect the opinion of the ONC.
7	None	Admin	Remove "or only as part of pilots" from explanation	Confusing statement and unnecessary.
7	None	Substantive	Comment only	May need further explanation on how rating was works or what is the reason for the percentage breakdown.
11	None	Substantive	Comment only	Why are there higher level of Adoption Level given when there are Limitations, Dependencies, and Preconditions for Consideration under a standard. Could lead to several questions concerning the rating process. May need further explanation.
6	Introduction	Admin	Describe process for assessing adoption level	While there have been several experts who contributed to this advisory, provided numbers and percentages gives the impression that there was math and analytics developed for these assessments. The metrics does not exist in the industry to provide numbers other than opinions such as high med or low.
III	Services	Substantive	Include information about data provenance standards.	Data provenance standards are not mentioned anywhere. This is a crucial issue for data integrity, patient safety and HIPAA compliance.
III-F	Services: Query	Substantive	Add detail regarding impediments to adoption of patient discovery and matching standards.	It is egregious that such a critical service is at a fairly low level of adoption. Purpose 3 says: "To document known limitations, preconditions, and dependencies..." What are these for patient matching, and what is the way ahead for improvement?

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	Allergies	Admin		It looks like using the FDA Established Pharmacologic Class (EPC) NDF-RT code could work to solve the biggest problem with allergy groups; the current standard used with CHDR, UMLS CUI, does not define the allergy groups, and the new standard, RxNORM does not have coding for groups. The EPC defines the groups by the members assigned to it by FDA which removes the current state of ambiguity resulting from "end-user definitions" of the current groups. Additional NDF-RT codes are available to better describe drug attributes such as chemical structure, but most of the work is expected to be handled by clinical decision support software. The proposal to move to use EPC to define all drug allergens and groups, and other NDF-RT codes for other allergens appears to be a viable option.